



# License Surrender Affidavit for Medical Reasons

Medical Affairs • P.O. Box 55889, Boston, MA 02205-5889

This affidavit is **ONLY** used for medical reasons. If you want to surrender your license for non-medical reasons, make a reservation online at Mass.Gov/RMV to visit an RMV Service Center to apply for a Massachusetts ID card.

**If your license is not expired**, please complete this form and mail to the address above. Include your original license if currently in your possession. If you do not have the original license, you must also sign and date the Lost License Affirmation (Section B) below.

**If your license is expired, or very close to expiring**, you must make a reservation online at Mass.Gov/RMV to visit an RMV Service Center and bring this completed affidavit and proof of lawful presence (see [Mass.Gov/ID](http://Mass.Gov/ID) for list of acceptable documents).

Upon surrendering your license for medical reasons, you are eligible to receive a Massachusetts ID card for no fee.

## A. Driver Information (Required) Please complete information below legibly

Last Name		First Name	Middle Name	Suffix
Date of Birth (MM/DD/YYYY)	License #			

I voluntarily surrender my license. In order to restore my driving privileges, I will need to present medical clearance to the Registry of Motor Vehicles.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## B. Lost License Affirmation

I swear and affirm under the penalties of perjury that I am no longer in possession of the license issued to me by the Massachusetts Registry of Motor Vehicles.

False statements made hereunder may be punishable by fines, imprisonment, or both. (M.G.L. Chapter 90, Section 24).

Signature: \_\_\_\_\_

Date: \_\_\_\_\_